

***United States Court of Appeals
for the Second Circuit***



APPENDIX

MEDICAL REPORT OF DUTY STATUS

NAME 13474 TEPLITSKY, LOUIS HOSPITAL REGISTRATION NO. 118 479

ADDRESS 102 2 11

INPATIENT	INCLUSIVE DATES OF TREATMENT		FROM <u>UROLOGY</u>		THROUGH: <u>CLINIC</u>
	From:	DATE	TIME ARRIVED	TIME DEPARTED	
OUTPATIENT	O.P.C.	<u>7/3/73</u>			
DISPOSITION	Can resume usual occupation	<u>NO</u>	DATE	Can perform limited duties as specified under REMARKS	DATE
	To return to clinic	<u>7/9/73 - Surgery</u>	DATE	To be hospitalized	DATE
	(Specify)				

REMARKS Pain in Hernia Site

NAME AND LOCATION OF HOSPITAL OR CLINIC	SIGNATURE OF MEDICAL OFFICER OR MEDICAL RECORD LIBRARIAN	DATE
U. S. Public Health Service Hospital Staten Island, New York 10301	<u>[Signature]</u>	<u>7/3/73</u>

.....
 DIAGNOSIS
 EPIDYMITIS
 INFLAMATION
 OF THE
 TESTICAL CORD

 BY DR. ARTHUR WOLLMAN
 AND BY DR. GARCIA - U.S. SURGEON

PAGINATION AS IN ORIGINAL COPY



VETERANS ADMINISTRATION
HOSPITAL
130 WEST KINGSBRIDGE ROAD
BRONX, NEW YORK 10468

Sept. 7, 1973

Dr. Keeve Rosenthal
3161 Rochambeau Ave.
Bronx, New York 10467

IN REPLY
REFER TO:
526/136D-1
TEPLITSKY, Louis
SS# 567 07 5789

Dear Dr. Rosenthal:

VETERANS ADMINISTRATION APPLICATION FOR MEDICAL BENEFITS MEDICAL CERTIFICATE AND HISTORY			
NOTICE TO EXAMINING PHYSICIAN: History, symptoms, and physical findings must be recorded in sufficient detail to support the diagnosis. If additional space is needed, use reverse side.			
1. DISEASE HISTORY - PRESENT AND PAST, LABORATORY, X-RAY, EKG AND OTHER FINDINGS. (Attach reports if available.)			
9/7/73		Test Ordered (Check)	
66 year old O.V. veteran had L hernia surgery performed 1957 - since then he was OK until 1963 - pain in the groin - persistent His family MD advised surgical examination B31		CBC	
		Urine	
		SMA 12	
		VDRL	
		ECG	
		SCP	
		Other Tests	
		X-Ray (List)	
DIAGNOSIS			
Small Recurrent Hernia (L)			
2. Check as appropriate regarding applicant.			
A. CAN DRESS AND USE LAVATORY WITHOUT ASSISTANCE		YES	NO
B. CAN ASCEND AND DESCEND STAIRS			
TEMPERATURE		PULSE	RESPIRATION
BLOOD PRESSURE		SIGNATURE OF NON VA EXAMINING PHYSICIAN	
DATE SIGNED			

LT. Herniorrhaphy - 1957
Pain in Lt Groin - Since 1963 -
No lump - Got worse because of pain.
Bowel - O.K. Micturition - good.
Appetite - good.

O/E - Small Recurrent Hernia

Adv. Truss

(Pt doesn't like further operation)

U.S.A. HOSPITAL - SURGEON
B - MUKHERJEE

B. Mukherjee



DEPARTMENT OF HOSPITALS
BRONX MUNICIPAL HOSPITAL CENTER
PELHAM PARKWAY SOUTH AND EASTCHESTER ROAD, BRONX, N. Y. 10461

Privileged and Confidential Report

CHART COPY

(3)

1220

891766

X-RAY REQUEST
DEPARTMENT OF RADIOLOGY
BRONX MUNICIPAL HOSPITAL CENTER

PREVIOUS X-RAY S? ☐ YES ☒ NO ☐ IN-PATIENT ☒ O.P.D. ☐ E.R.

CHECK ☒ AMBULATORY ☐ WHEELCHAIR ☐ STRETCHER ☐ BEDSIDE

EXAMINATION REQUESTED: B.E.

CLINICAL DIAGNOSIS: R/L pelvic mass

CLINICAL INFORMATION: (NO REQUEST ACCEPTED WITHOUT DEFINITE INFORMATION.) ILLEGIBLE REQUESTS WILL NOT BE HONORED.

AGE-SEX: 66 M Had (1) ing. hernia Repaired 20 y. ago
groin E pain and small mass over the
repaired area but it is not recurrent here
Bowel movement = OK

HIST. NO. NAME
Louis Teplitsky
2136 Wallace Avenue Apt. 374
Bronx, New York 10462

BIRTH DATE: O.P.D. Surg.
9/6/73

WARD: 6 3

DATE: 9/20/73

TECHNICIAN'S SIGNATURE: R. Thumtamt

HISTORY OF ALLERGIES
REQUESTED BY (PRINT)

9/20/73

RADIOLOGIST'S REPORT

Barium enema dated 9-20-73.

A preliminary examination of the abdomen reveals the osseous structures to be intact. The psoas and renal outlines are seen. The bowel gas pattern is unremarkable. There are phleboliths present in the pelvis.

Barium was administered in a retrograde fashion and flowed freely from the rectum to the cecum with reflux into the terminal ileum. No obstructing or constricting lesions are seen. The haustral and mucosal patterns are normal. Several sigmoid diverticula are present. There are multiple filling defects throughout the entire colon probably representing feces.

Impression:

Probably normal barium enema.

1a

Alan Friedman, M. D.

RADIOLOGIST

THE PRESBYTERIAN HOSPITAL

in the City of New York

at

COLUMBIA-PRESBYTERIAN MEDICAL CENTER

622 WEST 168TH STREET

NEW YORK, N. Y. 10032

September 24, 1973

Dr. Keeve Rosenthal
3161 Rochambeau Ave.
Bronx, N.Y. 10467

Re: Louis Teplitsky
2136 Wallace Ave.
Bronx, N.Y. 10462
Unit # 089 97 04

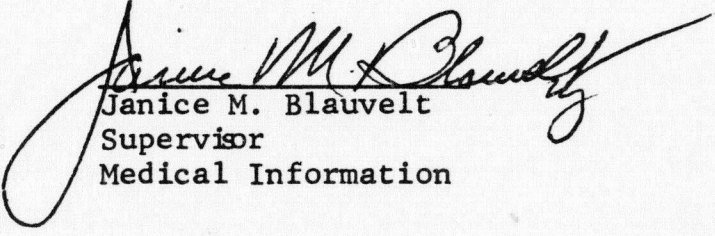
Dear Dr. Rosenthal:

The above named patient has asked us to send you the following medical information.

This patient was most recently seen in our Surgical Distributing Clinic on September 18, 1973 complaining of persistent groin pain. The patient is status post left inguinal herniorrhaphy in 1959. The pain is located under the incision and radiates to the testis. On physical examination, there was a one cm., firm, movable mass; no definite hernia. Impression was possible neuroma formation and the patient was referred to Frances Delafield Hospital for further treatment. This supplements our last report to you dated September 5, 1973.

Sincerely yours,

By direction of
Joseph E. Snyder, M.D.
Assistant Vice President


Janice M. Blauvelt
Supervisor
Medical Information

JI/kjl

NEW YORK CITY HEALTH AND HOSPITALS CORP.
FRANCIS DELAFIELD HOSPITAL

99 FORT WASHINGTON AVENUE

NEW YORK, N. Y. 10032

TEL: (212) 579-0484

KEEVE ROSENTHAL, M. D.
3151 ROCHANBEAU AVENUE
NEW YORK 67, NEW YORK

9/19/73

Dear Dr. Rosenthal:

Louis Teplitzky was examined
in surgical clinic today for
persistent @ groin tenderness.
It is felt that this may be due to a
Neuroma - or ent appment tissue
to previous hernia repair. we
will be treated ^{him} conservatively
how may requiring exploration of his
inguinal canal at some later
date. I do now believe, he has no
a recurrent hernia, at this time.

J. E. Tignor M.D.
Surgery Resident.

ALWAYS BRING THIS CARD WITH YOU TO THE HOSPITAL
SIEMPRE TRAIGA ESTA TARJETA CON USTED AL HOSPITAL
THE CITY OF NEW YORK - DEPARTMENT OF HOSPITALS
FRANCIS DELAFIELD HOSPITAL

3 R 1713-1MM101-3-00613 122

N.Y.C. Health & Hospitals Corp.

Hospital Out-Patient Department

Date 9-19-73
Name Teplitzky Louis No. 33152
Age 66
Address 2/36 Wallace Dr Bx.

R

This prescription is intended for filling in the pharmacy of the
issuing hospital of The N.Y.C. Health & Hospitals Corp.
This prescription is not valid for dispensing in a retail
pharmacy if a narcotic, depressant or stimulant drug, (as
defined by law), is prescribed.

Darvon plain 65 mg
PO q 4 hours per
pain

#50

The item(s) prescribed, or the generic equivalent may be dispensed.

(Signed) Doctor

J. E. Tignor
O.P.D. PRESCRIPTION

Reg. No. 5794

MONTEFIORE HOSPITAL AND MEDICAL CENTER

111 EAST 210TH STREET, BRONX, NEW YORK 10467

Telephone:
Area Code 212

920-4238

November 26, 1973

Dr. Kenneth Rosenthal
3161 Rochambeau Ave.
Bronx, N.Y. 10467

Re: Mr. Louis Teplitsky

Dear Dr. Rosenthal:

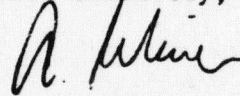
Mr. Louis Teplitsky of 2136 Wallace Ave., Bronx, N.Y. 10462 has given me permission to send you a summary of my psychiatric findings following his visit on Tuesday, November 20, 1973.

I am sure you are familiar with his history as well as with the physical findings. I enclose for your information a previous report that I wrote for him when he was seen in January 1967.

I will not detail for you his clinical history except to state that, at present, I continue to find that Mr. Teplitsky remains emotionally highly disturbed, as manifested by his agitation, his pursuit of redress of what he considers his grossly unfair treatment, etc. From the medical letters and recent evaluations that he showed me, it also appears that he is suffering from a possible physical disability, namely a possible recurrence of a hernia or a neuroma at the incisional site of his previous operation. Thirdly, I feel pretty confident in stating that his emotional disability is, at present, aggravated, not by his physical disability per se, but by his belief that he is not getting satisfaction from the responsible Federal agencies he is currently engaged with in litigation.

Please feel free to let me know if any further information is required.
With kindest regards.

Yours sincerely,



Alfred Wiener, M.D.
Senior Psychiatrist
Department of Psychiatry

AW:ms
Enclosure



DEPARTMENT OF HOSPITALS

BRONX MUNICIPAL HOSPITAL CENTER

PELHAM PARKWAY SOUTH AND EASTCHESTER ROAD, BRONX, N. Y. 10461

Privileged and Confidential Report

October 4, 1973

RE: TEPLITSKY, Louis

Chart # 891766

Keeve Rosenthal, M.D.
3161 Rochambeau
Bronx, New York

This is to certify that the above named patient has a small recurrence hernia at the suture line. Patient's symptoms are related to it. Hernia needs to be repaired.

Respectfully,

Louis Part, M.D.
Louis Part, M.D.

Taken from the records/mb/10/4/73



VETERANS ADMINISTRATION
OUTPATIENT CLINIC
252 SEVENTH AVENUE
NEW YORK, NEW YORK 10001

September 24, 1973

IN REPLY
REFER TO:
630/136A4-OP

Dr. Reeve Rosenthal
3161 Rochambeau Avenue
Bronx, New York 10467

C# 4 216 835
SS# 567 C7 5789
TEPLITSKY, Louis
2136 Wallace Avenue
Bronx, NY 10462

Dear Dr. Rosenthal:

We have been authorized by the above-named veteran to release to you the following medical information.

Our records disclosed Mr. Teplitzky was examined in our Neurology Clinic, on September 18, 1973. Report stated veteran has had pain for 10 years left inguinal region. Pain started 12 years post operative. It occurred while he was lifting a heavy object at the post office. The pain is persistent but sharp, with exertion on walking. It is made worse by coughing. Pain is reproduced by cutting off the blood supply, by palpating common iliac artery to the point where it is occluded.

Examination shows weakness of the extensor digitorum brevis muscle S1, on the left and decreased pain sensation over the distribution of the sacral roots four and five on the right.

IMPRESSION: 1. Cord Compression S4, S5, secondary to disc?
2. Neuroma left inguinal region.
3. Pituitary Adenoma with left hemisphere dysfunction.

The examiner recommended now that veteran should be admitted to Manhattan Veterans Administration Hospital. (1) Re pituitary and spinal cord. Possible Myelogram. Veteran has a relative R hemianopsia so there is reason to believe he has had a neoplasm all along. Probably an Adenoma Cranio-pharyngioma.

The medical information furnished is privileged and is not to be divulged to unauthorized persons. The veteran is non-service connected for this condition.

Very truly yours,

FELICE PEPE
Chief, Medical Administration Division

Show veteran's full name, VA file number, and social security number on all correspondence.